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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/059,273
	Filing Date	January 31, 2002
	First Named Inventor	Denes V. AGOSTON
	Art Unit	1645
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	268422000100

To:	Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
Please withdraw me as attorney or agent for the above identified patent application, and	
<input type="checkbox"/>	all the attorneys/agents of record.
<input type="checkbox"/>	the attorneys/agents (with registration numbers) listed on the attached paper(s), or
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NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.	
The reasons for this request are:	
Application is being transferred to another attorney.	
This request is being made at the request of the assignee, The Henry M. Jackson Foundation for the Advancement of Military Medicine.	

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<input checked="" type="checkbox"/>	Firm or Individual Name James Remenick (Powell Goldstein LLP)		
Address	901 New York Avenue, NW Third Floor		
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Date	January 31, 2005	Telephone No.	(703) 760-7756

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.